FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 642950

DFK, INC.

Principal Place of Business 748 21ST STREET

VERO BEACH FL 32960

Mailing Address

748 21ST STREET VERO BEACH FL 32960

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90072 050 ***150.00



ļ					DO NOT WRITE IN THIS SPACE
1					3. Date Incorporated or Qualifed
2. Principal Place of Business 2a Mailing Address					10/25/1979
21	Tidde of Business	2a. Mailing Address		-	4. FEI Number Applied For
Suite, Ap	nt # ato	26			59-1974392 Not Applicable
22	n. n, etc.	Suite, Apt. #, etc.			40.75
City & St		27			5. Certificate of Status Desired Fee Required
	ate	City & State	_		
23		28			Thirt Find Continue
Zip	Country	Zip	Count	у	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			Personal Property Tax. Yes 10. Name and Address of New Registered Agent
81 B1					The Manual Control of New Registered Agent
FENNELL, DARRELL					
979 BEACHLAND BLVD				2 Street /	Address (P.O. Box Number is Not Acceptable)
VEF	RO BEACH FL 32960		8:	.——	
	•		100	'	
			84	City	
11 Pursuant	to the provisions of Quality Company			1 7	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I a	am familiar with, and accept the obligation	ns of, Section 607.0505, Flor	utnorized by rida Statute:	the corpo	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE					'
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Age	nt signature re	quired when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		
NAME	KNISELY, BRUCE		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1601 CLUB DRIVE			TADDRESS	
CITY-ST-ZIP	VERO BCH, FLORIDA 3			1	
TITLE	VD	☐ DELETE	1.4 CITY-S	T-ZIP	
NAME .	KNISELY, JUDITH F.		2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME	1	
CITY-ST-ZIP	VERO BCH, FLORIDA 3		2.3 STREET	ADDRESS	
TITLE	T T		2. 4 CITY-S	T-ZIP	·
1-5	CODUCTION	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME 1	CORNELL, CAROL		3.2 NAME		
STREET ADDRESS	36 CACHE CAY DR.		3.3 STREET	ADDRESS	
CITY-ST-ZIP '	VERO BEACH FL		3.4. CITY- ST	T. 7IP	
TITLE	S	☐ DELETE	4.1 TITLE	-	
NAME	KNISELY, ERICA		4. 2 NAME		Change Addition
STREET ADDRESS	1601 CLUB DRIVE				·
CITY-ST-ZIP	VERO BEACH FL	•.	4.3 STREET	1	
IIILE		☐ DELETE	4.4 CITY-ST	ZIP	
AME .	i	LJ DLLETE	5.1 TITLE	i	☐ Change ☐ Addition
TREET ADDRESS	•		5.2 NAME	-	
ľ	etu		5.3 STREET		
TTY-ST-ZIP			5.4 CITY-ST-	ZIP	.,
	The second section of the second section of the second section of the second section s	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
IAME	3 12 22 23		6.2 NAME		Change Cladollon
TREET ADDRESS			6.3 STREET A	ODRESS	
fTY-ST-ZIP/5551	Control of the Control				

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

1-8-99

561-567-5360

R2F034 (11/98)